



# Report of Lead-Based Paint Identification Activities

Healthy Homes Section  
P.O. Box 30195  
Lansing, MI 48906  
517-335-9390

[www.michigan.gov/leadsafe](http://www.michigan.gov/leadsafe)

Rule 325.99408(4) requires that any person conducting a lead-based paint investigation shall notify the department of such activities no later than the 15th day of the month following the activities. Violations may result in suspension or revocation of the professional's certification, and/or administrative citation and fines

1. PROFESSIONAL'S INFORMATION		
Name: _____	MI Certification #: P - _____	
Agency or Company Name: _____		
Address: _____	City: _____	ZIP: _____
Telephone #: ( ) _____	Reporting Period: _____	

2. REPORTING ACTIVITIES		
Site Information	Housing Info	Activity
OCCUPANT Name & Telephone #: ( ) _____	<input type="checkbox"/> Owner-occupied <input type="checkbox"/> Rental <input type="checkbox"/> Child-Occupied Facility <input type="checkbox"/> Multi-Family: # Units <input type="checkbox"/> 2-4 <input type="checkbox"/> 51-100 <input type="checkbox"/> 5-20 <input type="checkbox"/> 101-200 <input type="checkbox"/> 21-50 <input type="checkbox"/> 200+ # Bedrooms <input type="checkbox"/> 1 BR <input type="checkbox"/> 4 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 5 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 6+ BR	<input type="checkbox"/> Risk Assessment <input type="checkbox"/> Clearance <input type="checkbox"/> Inspection <input type="checkbox"/> EBL Investigation Date of Activity: ____/____/____ mon day year Age of Housing: ____ year Soil Sampling <input type="checkbox"/> Building Perimeter <input type="checkbox"/> Play Area(s) <input type="checkbox"/> None: <input type="checkbox"/> No bare soil <input type="checkbox"/> Snowcover, return in Spring Hazards <input type="checkbox"/> LBP Present <input type="checkbox"/> LBP Hazards Present
Site Street Address: _____		
City: _____ ZIP: _____		
OWNER Name & Telephone #: <input type="checkbox"/> SAME AS OCCUPANT ( ) _____		
OWNER Address (if different): _____		
City: _____ ZIP: _____		
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City: _____ ZIP: _____		
OWNER Name & Telephone #: <input type="checkbox"/> SAME AS OCCUPANT ( ) _____		
OWNER Address (if different): _____		
City: _____ ZIP: _____		

Name: \_\_\_\_\_ MI Certification #: P - \_\_\_\_\_

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HHS FAX #: 517-335-8800

Secondary FAX #: 517-335-9775